

Summer 2024
YOUTH BASKETBALL PROGRAM
27th YEAR

WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM
JUNE -- AUGUST, 2024

Mixed Boys/Girls Evening Intramural Leagues
+ Instructional

BASKETBALL IN HOUSE REGISTRATION
West Hollow Middle School, 250 Old East Neck Road, Melville, NY 11747

**SUBMIT APPLICATION/FEE: ALL QUESTIONS ANSWERED & PLAYERS RATED
OR, MAIL IN TO HHHYBL, PO BOX 227, HUNTINGTON STATION, NY 11746**

Wednesday April 17, 2024 7 PM - - 9 PM
Thursday April 18, 2024 7 PM - - 9 PM

Open to students entering grades K-12th in September, 2024

PLAY WITH FRIENDS OR BRING YOUR TEAM

Also, Fury's highly popular & successful young adult leagues
Where players compete at higher levels

REGISTER NOW, DON'T WAIT!!

Fees: Reg Registration 1/1/24 - 4/30/24 1ST child \$250, each add'l child \$225
Late Registration: After 4/30/24, 1st child \$275, each add'l child \$250,
After 5/30/24, each application \$300

If you can not attend in-house registration and wish to avoid a late fee, please send a completed postmarked registration form on or before April 30, 2024, with applicable fee, to HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746.
If you require additional information on the youth basketball program or the very popular young adult men's league (different levels), e-mail Dennis: @ cmish11746@gmail.com or call 631 258 7604. Website: www.hhhfury.com

"This notice is distributed to students solely as a community service by the school district.
This distribution is not considered a HHH endorsed or sponsored activity".

Please make checks payable to "HHHYBL" (a nonprofit 501C3 entity)

hhhfury.com Dennis 631 258 7604

(Application on reverse side)

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REMINDER

**HHHYBL – 27th SUMMER
JUNE – AUGUST 2024
YOUTH BASKETBALL PROGRAM**

Application

All applications must be accompanied by payment in full based on the following:

Postmarked Registration: Regular registration 1/1/2024 – 4/30/2024, \$250 1st child, additional children \$225.

Late registration: After 4/30/2024, 1st child \$275, additional children \$250. After 5/31/24, each application \$300

NO REFUNDS: NO EXCEPTIONS

Please make all checks payable to "HHHYBL" Send to: HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746

Print Very Clearly & Complete ALL Questions

Last Name _____ First _____ HEIGHT _____ WEIGHT _____

D.O.B. _____ Sex: M/F E-Mail address: _____ Player's Cell # _____

Address : _____
House No. Street City Apt. Zip

Telephone No. (____) _____ Grade entering in September, 2024? _____

Name of Mother: _____ Father: _____ Play Last Summer? Y ___ N ___

Guardian's Work Phone: (____) _____ Where did you get application? _____

Mother Cell Phone: (____) _____ Father Cell Phone (____) _____

Mother's Occupation _____ Father's Occupation _____

Emergency Contact No: (____) _____ School attending in 9/24? _____

Planned Vacation Dates: _____ **ALL PLAYERS 9-12 GRADE MUST CARRY ID**

Reliable volunteers are needed to insure the continued success of this program.

I am interested in serving as: **COACHES NEEDED** Coach Y ___ N ___ Ass't Coach Y ___ N ___

Children entering kindergarten, first or second grade in Sept. 2024 will play in an instructional program, unless moved up. All children entering the third grade or higher will participate in league play & might be rated, if time allows. All children may request placement with friends, subject to availability. If your child has a friend he or she wishes to be placed with, please indicate their name(s) here:

Friend(s): _____

I, the undersigned, give my child permission to participate in the HHHYBL program. I certify that my child is physically fit to participate in strenuous athletic activity and I have obtained clearance from a physician before permitting my child to participate. I agree to hold HHHYBL, its' employees and agents harmless for any liability resulting from injury or illness. I hereby authorize HHHYBL to act for me according to their best judgment in in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses.

FURY WILL ABIDE BY ALL COVID 19 PROTOCOLS

Signature of Parent or Legal Guardian: _____ Date: _____

Insurance company providing coverage for your child: _____ Policy Number: _____

For Office Use Only: Ratings

Player Number _____	payment Method	ck	cash	other	Check No. _____	Amt _____	Date _____
Dribbling A B C D	Lay-ups	A	B	C	D	Foul Shots	A B C D
Shooting A B C D	Rebounding	A	B	C	D	Defense	A B C D
Aggressive A B C D	Size _____						

Overall Rating _____

(Over)

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